L10000124867

	SCOTT A. SOWELL 4501 BRIDGEWATER DR. PACE, FL 32571				
(Address)					
(Cit	ty/State/Zip/Phone	· #)			
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
Certified Copies	_ Certificates	of Status			
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COVER LETTER

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TO:	Registration of	on Section Corporations	• .	,	
SUBJE	CT:	Rosalindas Wai	Is and Fragrance ed Liability Company	es LLC"	
The end	closed Article	es of Organization and fee(s) are	submitted for filing.		
Please 1	return all corr	espondence concerning this mat	ter to the following:		
-		Rosalinda	Sowell		
		Rosalindis Noi	Name of Person Saw Fragram Firm/Company	ces "uc."	
-	4	501 Bridge we	Loc Dr Pace	FL	
Pace FL 32571 City/State and Zip Code					
_	_	Mex 3950 A	FOL - COM for future annual report notification)	_	
For furt	her informati	on concerning this matter, pleas			
Re	Sal ind	e So well me of Person	at (850) 995 - (Area Code & Daytime Telep	9779 hone Number	
Enclos	ed is a checl	k for the following amount:			
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Courter Tallahassee, FL 32301	ircle	



December 8, 2010

SCOTT A. SOWELL 4501 BRIDGEWATER DRIVE PACE, FL 32571

SUBJECT: ROSALINDA'S NAILS AND FRAGRANCES LLC

Ref. Number: W10000056848

We have received your document for ROSALINDA'S NAILS AND FRAGRANCES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Division of Corporations does not file the Operating Agreement. You need to file the Articles of Organization for the LLC. I am enclosing theform.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 810A00028445

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member "MGR

ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for jn s.817.155, F.S.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)